

Space is limited so please register early.

### **To Register:**

Complete all sections of the registration form.  
Mail completed registration form to:

National Laboratory Training Network  
850 Marina Bay Parkway, E164  
Richmond, CA 94804

Or

You may fax the completed registration form  
to NLTN at: 510-412-1412.

### **Directions:**

Be sure to copy the accompanying directions  
to the site of the workshop.



The National Laboratory Training Network  
is a training system sponsored by the  
Centers for Disease Control and Prevention  
(CDC) and the Association of Public Health  
Laboratories (APHL).

California Department of Health Services  
National Laboratory Training Network  
Richmond Office  
850 Marina Bay Parkway, E164  
Richmond, CA 94804

PLEASE COPY AND POST.

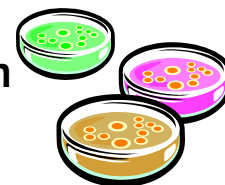
FIRST CLASS MAIL

## **Microbiology Hot Topics: A Hands-On Training Workshop**

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### **Day One:**

**Important  
Considerations in  
Antimicrobial  
Resistance**



**Day Two:  
Laboratory  
Safety in the  
Age of  
Bioterrorism**

**August 14-15, 2003  
Radisson Hotel  
Casper, Wyoming**

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*Co-sponsored by:*

**Wyoming Department of Health  
National Laboratory Training  
Network**

## Program Description

### PART 1-August 14

This part of the program will focus on issues relating to which organisms and drugs to test and which drugs to report. Ms. Hindler will present a strategy for handling bacteria not addressed in the NCCLS standards, and will provide suggestions for ways to identify and verify "weird" AST results generated on patient isolates, using an interactive walk through of her CD-ROM and extensive lecture material. The program will emphasize effective reporting of results so that physicians can utilize the results appropriately to improve patient outcomes.



### PART 2-August 15

The second part of the program, through lecture and hands-on cases studies, will provide trainers information and resources to more effectively pack and ship infectious and biological substances, apply safety measures and work safely with bioterrorism agents. It will also focus on general laboratory safety training to keep laboratorians informed and updated on standard laboratory practices through case studies.



## Objectives

Upon completion of both days of the workshop, participants will be able to:

- Explain how to implement current NCCLS antimicrobial susceptibility testing and reporting recommendations.
- Summarize practical strategies for handling AST of bacteria not addressed in NCCLS standards.
- Discuss steps that can be taken to verify AST results obtained on bacteria isolated from patients.
- Describe effective reporting of AST results.
- Describe how to package and ship infectious and biological substances.
- Identify how to handle potential and actual bioterrorism agents.
- Recognize safe laboratory practices.

## Schedule

### PART 1-August 14

- 11:30 p.m. Registration and lunch
- 12:30 p.m. -Antimicrobial susceptibility testing and use of the CD-ROM  
-Use of the 2003 NCCLS standards  
-Bacteria not addressed in standards  
-Verification and effective reporting of AST results  
-Building competency in AST  
*J. Hindler*
- 2:30 p.m. Break
- 3:00 p.m. Antimicrobial susceptibility testing program (continued)
- 5:00 p.m. Adjourn
- 6-7:30 p.m. Laboratory Capacity Steering Committee meeting: All are invited and dinner is provided

### PART2-August 15

- 8:00 a.m. Shipping Infectious Substances Hands-on Training:  
*Public Health Staff*
- 9:45 a.m. Break
- 10:00 a.m. Shipping (continued)
- 11:00 a.m. Laboratory Safety in an Era of Bioterrorism:  
*S. Novick*
- Noon Practical Laboratory Safety: Case Presentations:  
*S. Novick*
- 1:00 p.m. Certificates  
Adjourn

*(Lunch Provided)*

## Faculty and Staff

### *Janet Hindler, MCLS, MT(ASCP), F(AAM)*

Ms. Hindler is a Senior Specialist in Clinical Microbiology for the Division of Laboratory Medicine at UCLA Medical Center in Los Angeles, California. She is also a widely recognized expert in AST and a consultant for the Centers for Disease Control and Prevention (CDC), Division of Laboratory Systems.

### *Sandra Novick, MT(ASCP), MA*

Laboratory Operations Manager for the Wyoming Department of Health.

### *Angela Van Houten, MS*

Bioterrorism Laboratory Coordinator for the Wyoming Department of Health.

### *Karen Demby, BS*

Training Associate for the National Laboratory Training Network located at the Department of Health in Richmond, California.

## Continuing Education

- Participants **must attend both days** of the workshop to receive CEU credit.
- Continuing education credit will be offered based on 8 hours of instruction.
- The CDC is designated an Approved Provider of Continuing Education for Clinical Laboratory Scientists by the State of Nevada Bureau of Licensing and Certification.

## **New From NLTN**

Visit our website at [www.nltn.org](http://www.nltn.org) to find information on the new on-line Lending Library Index and checkout procedure. It's free and you can begin checking out laboratory-related continuing education materials today!



## **Special Needs and Additional Information**

In compliance with the Americans with Disabilities Act, individuals needing special accommodations should notify Angela Van Houten at least 14 days prior to the workshop by calling 1-307-777-3735. You may send a fax to 307-777-6422 or you may send an e-mail to [avanho@state.wy.us](mailto:avanho@state.wy.us).

## **Travel and Accommodations**

The Wyoming Department of Health will cover the cost of travel and accommodations for participants. For further information please contact Angela Van Houten at (307)777-3735.

## **Directions to Site August 14-15, 2003**

**Radisson Hotel  
800 North Poplar Street  
Casper, WY 82601**

### **From North I-25-**

Take the WY-220/ W. Poplar Street exit (#188B). Turn left on N. Poplar/WY –220. The Radisson is on the north side of I-25, you will see it to the west of Poplar street.

### **From South I-25-**

Take the WY-220/ W. Poplar Street exit (#188B). Turn right on N. Poplar/WY –220. The Radisson is on the north side of I-25, you will see it to the west of Poplar street.

### **From Hwy 20/26 (Shoshoni)-**

Turn left onto W. Yellowstone Hwy/US-20. Merge onto I-25 toward Casper/Cheyenne. Take the WY-220/ W. Poplar Street exit (#188B). Turn left on N. Poplar/WY –220. The Radisson is on the north side of I-25, you will see it to the west of Poplar street.

## National Laboratory Training Network Registration Form

(Please type or print.)

**Training Event Title:** Microbiology Hot Topics: A Hands-On Training Workshop **Event Code:** PA2304

**Date:** Aug. 14-15, 2003 **Location** (Casper, WY) **or Event Type**

**Applicant Information** (Audio/Video, Webcast, Satellite, etc.):

(Dr./Mr./Miss./Ms./Mrs.)

Title: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Position Title: \_\_\_\_\_ State Licensure Number: (If applicable): \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Mailing Address: (Please specify, Employer's or your Home address?)

City: \_\_\_\_\_ State/Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Work Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ (E-mail future training event notifications? Please circle, YES or NO.)

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Please review all options in the three categories before circling the one most appropriate in each category.)

### Occupation

Physician 01  
Veterinarian 02  
Laboratorian 04  
Nursing Professional 05  
Sanitarian 06  
Administrator 08  
Safety Professional 11  
Educator 13  
Epidemiologist 14  
Environmental Scientist 15  
Other \_\_\_\_\_ 12

### Type of Employer

Health Department (State or Territorial) 01  
Health Department (Local, City or County) 03  
Government (Other Local, not City or County) 04  
Centers for Disease Control and Prevention 05  
U.S. Food and Drug Administration 09  
U.S. Department of Defense 11  
Veterans Administration Medical Center/Hospital 12  
Other (Federal Employer) \_\_\_\_\_ 15  
Foreign 16  
College or University 19  
Private Industry 21  
Private Clinical Laboratory 23  
Physician's Office Laboratory/Group Practice 24  
Hospital (Private Community) 17  
Hospital (Other) 33  
State Funded Hospital 25  
City or County Funded Hospital 26  
Health Maintenance Organization 28  
Non-profit 31  
Unemployed or Retired 32  
Other \_\_\_\_\_ 30

### Education Level (Highest Completed)

Degree  
Associate 04  
Bachelor 05  
Masters 06  
Doctoral (M.D.) 07  
Doctoral (Other than M.D.) 08  
Technical/Hospital School 09  
Some College 03  
High School Graduate 02  
Some High School 01  
Other \_\_\_\_\_ 10

The information requested on this form is collected under the authority of 42 U.S.C., Section 243 (CDC). The requested information is used only to process your training registration and will be disclosed only upon your written request. Continuing education credit can only be provided when all requested information is submitted. Furnishing the information requested on this form is voluntary. Public reporting burden for this collection of information is estimated to average five minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not to respond to a collection of information, unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road, N.E., MS D-24, Atlanta, Georgia 30333; ATTN: PRA (0920-0017). CDC 32.1 (Rev. 6/17/2003)

**Register Early!**  
**We expect these classes to fill quickly.**

**Registration Fee: Free**

**Registration Deadline: August 1, 2003**

☐ Enclosed is my check or money order payable to APHL.

☐ Bill my credit card. (Circle one.)  
VISA Master Card  
American Express

Cardholder's Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card Holder's Signature \_\_\_\_\_

Date: \_\_\_\_\_

Amount of Payment: \_\_\_\_\_

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California Department of Health Services  
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Or by Fax to: 510-412-1412